POSITION	INITIALS	ID NO.	DATE
	SUBMIT		
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		10	3-8-01
FORMALITY REVIEW	aw	949	3/30/01
RESPONSE FORMALITY REVIEW	mm	780	6-6-01

INDEX OF CLAIMS

✔ .... Rejected   N .... Non-elected
= .... Allowed   I .... Interference
– (Through numeral)... Canceled   A .... Appeal
÷ .... Restricted   O .... Objected

Claim Final	Original	Date
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Claim Final	Original	Date
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Claim Final	Original	Date
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If more than 150 claims or 10 actions
staple additional sheet here

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